

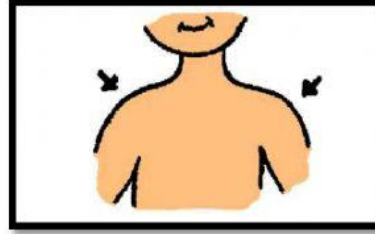
Name: _____ Date: _____

Parts of the Body

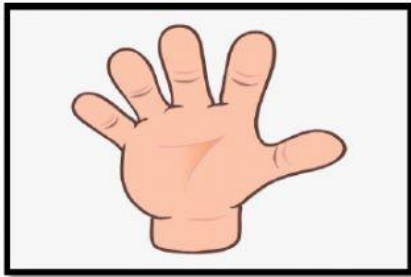
❖ Look at body part and circle the right name.



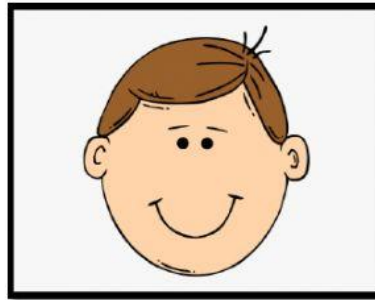
Leg Hand



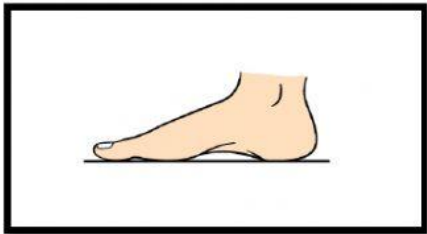
Foot Chest



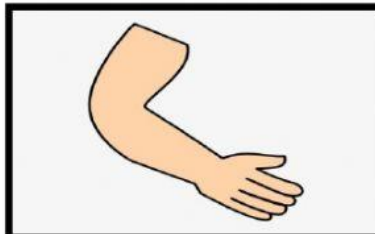
Hand Arm



Foot Head



Foot Head



Arm Leg